

MAKING A DIFFERENCE

An Interview of Maria Elena Ceballos Velasquez



Until December, 2003, Maria Elena Ceballos Velasquez was the Dean of the School of Nursing at the University of Antioquía in Medellín, Colombia. She was the Academic Coordinator for the UNI-Rionegro project. This edited, abridged interview is based on my interview of her in October, 2003 at the Network: TUFH meeting in Newcastle, Australia and on further correspondence with her by email.

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You have worked hard to improve the quality of nursing in your country. What drew you into nursing in the first place?

Since I was a child I always wanted to be a nurse. It's a service profession. When I had to decide on a career, it was an easy decision.

Did you have any role models that you admired?

I have 5 siblings. Two of my brothers are physicians. One sister is a nurse. My father is an attorney.

What was your path to your present work?

I began studying nursing at the University of Antioquía in Medellín when I was 18 years old. When I completed my undergraduate studies, I worked for two years in an emergency service at a hospital. Then I enrolled in the master's degree in public health program in the National Public Health Faculty at the University of Antioquía. After receiving my master's degree I worked in the emergency room at León XIII, Clinic, Social Security Institute, first as a floor nurse and then as the head of nursing.

In 1978 after 10 years of working in the clinic, I became a teacher of emergency care for undergraduate students in the School of Nursing at the University of Antioquía.

Why did you choose to be an educator?

I always liked teaching. Being a university professor was my dream.

What steps did you take in your career as an educator?

I spent the first 8 years at the university teaching undergraduate nursing in the area of emergency services in adult nursing care. Later when I was designated chief of the department, my responsibilities were related to administration and to the gestation and development of nursing programs in adult care. From 1989 until 1992, I was Vice Dean of the Nursing Faculty. That is the second position in the administrative structure of the Faculty. My responsibilities included administration and the gestation and development of the undergraduate nursing program.

Then you became Dean and continued making important contributions in nursing and in health care in general.

Sadly, your country has been going through a difficult time. Related to that, you studied and wrote papers on the psychosocial and physical repercussions of dynamite attacks on the population, especially children. What was the context of your work? What did you learn?

In my work as a professor of emergency care, a group of colleagues and I developed 3 studies about emergency and disaster responsibilities. This was the period in which my city was assaulted by the terrorism of the narcotraffickers. For that reason we studied problems related to the dynamite attacks that occurred in this period. One of these investigations was related to the psychosocial and physical repercussions in children after an attack of this type. This was an enriching but sad experience. I learned about the care of children in these circumstances and how to orient and prepare parents for the process of recuperation.

You also wrote about the profession of nursing in disaster situations. In brief, what did you recommend?

The group of colleagues that I just mentioned and I developed a manual and a book about the functions and activities of nurses in different stages of a disaster. As we've already discussed, we lived in a very difficult situation, even more difficult than now. Consequently, we dedicated ourselves to preparing nurses from our region to be able to work in disaster situations.

That's very valuable work. I understand that you also played an important role in the Kellogg Foundation's Program UNI. Please describe your experiences.

In 1991 I got an invitation from the Kellogg Foundation to participate in Project UNI. This invitation was extended to our university, including medicine, nursing, dentistry, nutrition, and bacteriology. There were UNI Projects throughout Latin America. These projects focused on improving the

health of communities by involving universities, health services, and communities as partners in the care of people. This meant creating a more democratic relationship between these three partners and working towards more open, responsive institutions. Our university focused on Rionegro, a community of about 82,000 people.

Rionegro is located near Medellín, the capital of the department. In Rionegro there is much industrial and social development. When the W.K.Kellogg Foundation invited us to participate in its project, Rionegro had the conditions required by Kellogg. The community was organized and had a large health care system. The University of Antioquia, especially the medical and nursing faculties, already had academic practicums for undergraduate students in the hospitals of this municipality.

What have you and your colleagues learned from this project?

The UNI Program has taught us many lessons, which led to changes, such as the following. The most important is that we facilitated and supported curricular changes in the focus of our programs. Also, particularly in nursing and medicine, we introduced student-centered learning methodologies. The experience with UNI has permitted us to learn (1) to focus on the development of health professionals; (2) to diversify the learning settings; (3) to have learning experiences outside of the hospital, and (4) to center the development of professionals in health promotion and prevention as well as in recuperation and rehabilitation from illness.

Is it true that a basic premise of the UNI Program is that if we want to improve the health of people we need to change the ways we educate nurses and other health professionals?

Yes, we need to incorporate new understandings of learner-centered adult education. We need curricula that give students from different professions opportunities to learn and work together, especially in the community.

Before we started working with the UNI Program, we faculty members had already determined that one of our weaknesses was the lack of inter-professional teaching and learning. This was a chance to fulfill our vision.

How did it work out?

It was difficult for 5 professions to work together. In the past we had little contact with each other. In addition, although nursing had been working with the health services and the community, the other professions had had little contact with these partners.

Before the 1960s, nurses were working both outside and inside of hospitals. Outside of the hospitals they worked in schools, homes, community health centers and in primary health clinics. They also worked with the Community Mothers Program, a Colombian organization that is part of the family welfare system. In this program, community mothers are in charge of taking care of the

children of mothers who work outside of their houses. In the settings outside of the hospital, nurses were doing primary care and health promotion and prevention. We were developing relationships with communities. We were learning to listen to communities and to try to deliver the services they requested.

However, the medical school and other schools didn't have these kinds of relationships. They used institutions in the community as places to deliver services. Nothing more. They didn't have other kinds of relationships with these institutions. They just saw the community as the receivers of services. The UNI Program brought the university down to being more of an equal partner.

It's important to explain that the nurses had working experiences with the community but the experiences didn't have the interdisciplinary focus of Project UNI. In Project UNI, it wasn't only the nurses who worked in the Community Mothers' Program. There were also physicians, dentists, bacteriologists, and nutritionists.

Were there other challenges that your 5 professions encountered in working together?

The faculties were not accustomed to working together as equal partners. The director was a physician. I was the academic coordinator. At first it was difficult, but eventually we were successful.

It was challenging to get students, particularly medical students, involved in perspectives beyond disease and curing. It was challenging to get them involved in the prevention of disease and the promotion of health. The curricula had to be changed in all of the schools. In addition, we had to get all of the students into the community. That meant finding clinical sites besides the hospitals. We had to change our methodology so that the focus was on the students and their learning. We had to be learner-centered.

Further, we had to learn to work on interprofessional teams. Faculty and students needed to recognize and acknowledge each other on these teams.

What kinds of interprofessional experiences were you able to arrange?

There were two classes that medical and nursing students took together – sociology and anthropology. The students also did a few practicals. They participated in teams made up of one representative from each of the 5 professions plus a professor. Also each profession had faculty members who helped supervise the students on the teams who were from their disciplines.

For example, in Rionegro, students studying pediatrics worked as a team. A medical student, a nursing student, a dental student, and a nutrition student formed a team that worked with children in their growth and development. The team members were able to do some activities together. Also, they had different responsibilities. The medical students examined the children. The nutrition students analyzed the children's diets and made recommendations. The dental students examined the children's oral health. The nursing students educated the children and the parents. All of the students had a role to play.

The teams of students are interdisciplinary rather than multidisciplinary because their work was planned, executed and evaluated together. The students from the 5 professions worked in an integrated way.

What is the present status of the program in Rionegro?

The program in Rionegro is finished now, but we are doing the same program in Medellín near the university.

The lessons learned in the UNI Rionegro project have been institutionalized in the university, especially in medicine and nursing.

Why did the program in Rionegro end?

The money ended. Also in 1991 the changes in the medical care system made it difficult for primary health programs to continue. The latter was the biggest obstacle. The university wanted to continue this kind of program, but the health system makes it very difficult to do this.

In order to do our work in Medellín and peripheral areas, we have found a new associate, not the health service, but ICBF – The Colombian Institute of Family Welfare. The groups that are part of this organization provide services to mothers and children. ICBF is our new partner.

Has your university remained committed to the goals of the UNI Program?

Always. One of the major achievements is that the program goals were institutionalized within the university. This was facilitated by the fact that the UNI Program goals were consistent with the university's policies for developing health professionals and could easily be integrated into the undergraduate curricula.

Now what proportion of the curriculum is interdisciplinary?

It depends. Now the students don't take classes together, but they do some important activities together.

In the pediatric primary health care program that I just described, the students are together for one semester in interdisciplinary teams. In other programs they don't spend that much time together.

Both the nursing and medical curricula are interdisciplinary in the sense that they both include the social, psychological, and biological dimensions in the solution of problems. Also, the teaching of the social and biological sciences is the responsibility of the professionals of these disciplines.

My understanding is that the goals of the UNI Program include helping communities build their capacity to care for each other and to have a greater voice in their health care. Did this happen in Rionegro? Is this happening in the communities in which your university is now working?

In Rionegro the communities learned to work for their own health and for the development of their healthcare. They had a strong voice in the local health

system. However, the State reforms of the Colombian health system left the responsibility for health in the hands of intermediary entities. The voices of the users of the health services have been silenced.

The same thing is occurring in the communities where the university now works. Nothing has been able to make a difference in the debates about these state actions.

Because of the university rules related to age and length of service, you had to retire as dean in December, 2003. Now, from your new vantage point, what are your dreams for nursing education?

I would like the university to expand on the work that has been done and get involved with other developments. The vision of the nursing faculty is to make the community program even more part of the curriculum and to develop new programs. For example, I would like to see a doctoral level program in nursing.

To build nursing programs in a country like ours is a difficult task. Recognition in Colombia for this work isn't the best.

With the reform of the health system (a common situation in all of Latin America) the offering of health services has been converted into a business. The State doesn't finance the public health service entities. Consequently, more attention needs to be given to securing financial resources than to ensuring the quality of the services. This situation has repercussions in the way in which health professions are hired and in the quantity and quality of the professionals that are hired. This was especially clear in the case of nursing professionals. When they were the first to be fired, people with less professional preparation were hired in their place.

The other difficult situation is the proliferation in the quantity and quality of nursing programs. The law of higher education permits the creation of programs with minimum quality requirements. This has repercussions in the quality of nurses who are educated in Colombia.

There is little coordination between the health system and the education system in our country. As a consequence, there is a high level of unemployment and subemployment in the health professions in general and in nursing in particular.

As you can see, our situation isn't good.

I'm sorry that the situation is so difficult. Your country is fortunate that you and your colleagues are continuing to work hard to enhance health care. Even though you had to retire, I understand that you are participating in the national initiative to accredit schools of nursing.

Yes, we want to enhance the quality of the 40 schools. Now only seven are accredited.

That sounds like another large and important task. Best wishes with all of your work. Thank you.